■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature  X  A. Signature  C. Date of Delivery  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  A gent  Addressee  C. Date of Delivery  II - 4 - 05  No  A i 0 5 C V / 0 4 4 - 0  A gent  Addressee  C. Date of Delivery  II - 4 - 05  A i 0 5 C V / 0 4 4 - 0  A i 0 5
	3. Service Type  Certified Mail  Registered Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7004	2510 0001 0150 4439
(Transfer from service label)	oturn Receipt 102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt